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January 21, 2004

TO: Each Supervisor

FROM: Thomas L. Garthwaite, M.D.  
Director and Chief Medical Officer

 Jonathan E. Fielding, M.D., M.P.H.  
Director of Public Health and Health Officer

SUBJECT: **UPDATE ON MRSA**

On February 11, 2003, your Board asked the Department of Health Services to provide regular updates on methicillin-resistant *Staphylococcus aureus* (MRSA) in the County Jail. This report has been expanded to include reports of MRSA in different communities in Los Angeles. This is an update to our report of October 15, 2003.

### **MRSA at the Los Angeles County Jail**

The total number of cases of MRSA skin infections identified in 2003 is 1,689, including 159 cases identified in October and 143 cases identified in November. This is a decrease from 202 and 196 cases identified in August and September 2003 respectively. Up to 19 percent of the cases in October and November were identified within five days of admission to the Jail. This is a significant increase from 9 percent in 2002 and 14 percent earlier this year. These infections are presumed to be community-acquired rather than infections acquired in the Jail and underscore the difficulty in trying to eradicate MRSA from the Jail when the pathogen is being re-introduced from the outside.

The largest decrease was seen in the number of infections identified within 6-15 days after admission to the Jail and in infections identified in one particular facility. The MRSA isolation wards at the Jail may have been contributing to the decrease in the number of cases but the percentage of infections identified more than 15 days after admission rose to 59 percent in November. These infections are presumed to have been acquired while incarcerated. A decrease in surveillance (culturing) could account for the decrease in the number of identified cases. Public Health is refining the analysis of the data to explain the recent trends.

The Joint Public Health-Jail MRSA Task Force met on November 10th. Topics discussed during the meeting included the MRSA wards for inmates at Men's Central Jail and at North County Correctional Facility, health education, and the development of an intervention using soap containing chlorhexidine (a liquid antimicrobial soap) for inmates. The chlorhexidine protocol has been developed by a sub-committee of the Joint MRSA Task Force which is comprised of staff from Public Health and the Jail. Inmate and staff education about MRSA and the intervention are being finalized. Public Health will address medical professionals at the Jail about the intervention in February.

### **MRSA in the Los Angeles County Probation Facilities**

Fifty-two cases of MRSA infections have been reported since April 2003 when the first case was identified, including 12 in October, six in November, and six in December. Half of the cases for which we have information were identified within five days of admittance to Probation Facilities. These infections are presumed to represent community-acquired infections. In December, staff from Public Health gave a lecture to Probation Facility physicians and nurses about community associated MRSA and strategies to correctly treat and identify MRSA lesions.

### **MRSA in the Community**

Public Health made MRSA in hospitalized children a reportable disease from May 5-November 7, 2003. During this time period, 146 children hospitalized with MRSA were reported to Public Health. The average age was 6.4 years (range 0-17 years) half are three years or younger. The majority (62%) were Hispanic and the average length of stay in the hospital was 5.5 days. Eighty-three parents have been interviewed. The lesions were misdiagnosed as spider or other insect bites in one-fifth of the patients. Furthermore, some physicians have been using antibiotics that are ineffective against MRSA when the children are first admitted to the hospital.

The preliminary findings of this project were distributed to physicians in October and a final report will be distributed in *The Public's Health* in the early spring. Staff from Public Health will be giving Grand Rounds in January and February to further educate medical professionals about MRSA. Information about MRSA for the general public will be published in *Your Health*.

The isolates of MRSA collected as part of the pediatric project will be sent to San Francisco for further laboratory investigation as part of the CDC grant to Harbor-UCLA to study MRSA.

There have been no new cases of MRSA in a local football team and the football season is over. Control guidelines were issued by Public Health and Public Health spoke with physicians at the facility in December regarding MRSA. Public Health is currently developing recommendations to prevent the spread of MRSA. The recommendations should be instituted at the beginning of training camp in the next football season.



MRSA prevention guidelines for proprietors of facilities in which patrons and staff have bare skin contact with others or with shared equipment or surfaces (e.g. gyms, health clubs, and spas), or where patrons share close living spaces (e.g., homeless shelters, youth hostels, and camps) have been developed by Public Health and the Centers for Disease Control and Prevention and are in the final approval process.

### **MRSA in Men Who Have Sex with Men**

Public Health staff have refined data analysis on MRSA in HIV-positive men who have sex with men (MSM). Persons with MRSA skin infections more often had close contact, such as sexual skin-to-skin contact, with a person who reportedly had a skin infection, indicating that direct contact with an MRSA skin lesion might transmit an infection. Hospitalization, antibiotic use, illegal drug use and high-risk sexual practices were also associated with MRSA acquisition.

Public Health will distribute health education and prevention guidelines to owners of commercial sex venues and other groups and organizations involved in MSM health. The findings support the initial recommendations, published on the Public Health website (<http://lapublichealth.org/acd/MRSA.htm>) and distributed to health care providers and community-based organizations.

However, based on surveillance data there is no reason to believe that MRSA is more prevalent or virulent in the MSM community than in any other community in Los Angeles.

We will report back to you in 90 days. In the meantime, please contact either of us if you have any questions or need more information.

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c: Chief Administrative Officer  
County Counsel  
Executive Officer, Board of Supervisors